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ABSTRACT

In 1979, Ohio passed a law creating a Rehabilitation Division within its Industrial Commission and authorizing the building of two comprehensive rehabilitation centers to serve disabled workers. Ohio provides industrial rehabilitation services almost entirely through the public sector. This paper describes industrial rehabilitation policies and practices in Ohio and how they differ from those in most states. It presents an historical perspective of vocational rehabilitation in Ohio, describes the administrative structure of the Rehabilitation Division and the Ohio Industrial Commission, and explains the delivery of rehabilitation services in the state. Nine services included in the rehabilitation plan are listed: (1) employer incentives; (2) living maintenance; (3) treatment of unrelated conditions; (4) handicap law coverage; (5) job modification; (6) physical and psychological restoration; (7) job placement services; (8) on-the-job training; and (9) vocational training. While one of the two comprehensive rehabilitation centers for injured workers is still under construction, the other center, the J. Leonard Camera Center, is described and health and vocational services offered by the center are discussed. Statistical aspects of the Rehabilitation Division are given. The paper concludes that an extensive evaluation of the public and private sectors needs to be conducted to determine which system is more effective and efficient for providing services to disabled workers. (NB)

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INDUSTRIAL REHABILITATION IN THE PUBLIC SECTOR:
THE OHIO EXPERIENCE

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ABSTRACT

In 1979 the State of Ohio passed a law not only creating a Rehabilitation Division within its Industrial Commission, but also authorizing the building of two comprehensive rehabilitation centers. These centers are designed exclusively to serve disabled workers. The State of Ohio is rather unique in that it provides industrial rehabilitation services almost entirely through the public sector. This article describes what is happening in Ohio and how its policies and practices differ from most other states.

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Introduction

Vocational rehabilitation (VR) services are now more available than ever to injured workers. Since 1970, when Congress enacted the Occupational Safety and Health Act (OSHA, Public Law 91-596) which, in part, created the National Commission on State Workers' Compensation Laws, the field of workers' compensation and the rehabilitation of injured workers has undergone tremendous change. Today, many states have specific rehabilitation provisions in their workers' compensation laws dedicated to the reemployment of industrially injured workers (Workers Compensation Laws and Programs, 1981).

The manner in which VR services are provided to injured workers, though, varies greatly. In some states, the state-federal VR system continues to be the dominant source for services to injured workers. Yet many states have discovered that the state-federal system is generally not capable of serving injured workers in a timely and effective manner, due in part to caseloads exceeding the federal standard. To remedy this situation, states either have either passed laws permitting the establishment of private companies, or have established separate agencies within the state to handle workers' compensation cases. In some states (e.g., Florida, California and Georgia) services are rendered primarily through private rehabilitation providers under contract with an insurance carrier or a self-insured employer. The state-federal system may still maintain a workers'

compensation unit, but it generally serves only a small percentage of the state's workers' compensation caseload.

In the other states, such as Ohio and Nevada, an industrial commission handles both the compensation and rehabilitation of injured workers under the aegis of the state. Private rehabilitation companies are permitted to serve select, selfinsured businesses but no strong foothold has been established. These private companies deal mostly with non-workers' compensation cases, like personal injury and/or medical cost containment (Rasch, 1985).

The purpose of this article is to describe what Ohio has done in developing a Rehabilitation Division within the state's Industrial Commission, and to suggest that an extensive evaluation of the public and private sectors needs to be conducted to determine which system is more effective and efficient.

Historical Perspective

In 1975 the Governor of the State of Ohio commissioned a special task force to evaluate the quality of VR services provided to workers who sustained injuries or contracted occupational diseases in the course of their employment. At that time, all VR services for industrially injured workers were provided by the state-federal system. The task force revealed that in the previous 12 year period nearly 24,000 injured workers in Ohio were placed on permanent, total disability. That is, it was determined through medical and legal litigation that these individuals would never be able to return to work and were thus entitled to compensation benefits for the remainder of their life. The task

force concluded that the state-federal system, due to their large number of clientele and concurrent cuts in funding, was not providing VR services to injured workers in a timely and effective manner. The study also concluded that injured workers receiving compensation benefits were different from the diverse clientele served by the traditional VR system which is legislatively mandated to emphasize services to the severely disabled. In summary, it was determined that the special rehabilitation needs of industrially injured workers were not being adequately fulfilled, and that the result of this inadequacy surfaced in terms of immense human and financial costs.

The Ohio Legislature in 1979 responded to this problem by unanimously passing House Bill 138. This bill authorized the Industrial Commission of Ohio to create a Rehabilitation Division which would serve exclusively individuals who sustained a compensable (work-related) injury or occupational disease. This legislation also authorized the Industrial Commission to construct two comprehensive rehabilitation centers (one in Columbus and one in Cleveland) designed to provide specialized rehabilitation services for disabled workers. It should be noted that the rehabilitation program for injured workers is voluntary in nature, i.e., individuals refuse rehabilitation services without forfeiting their compensation benefits.

Funding for this program was authorized from insurance premiums which all employers in Ohio must pay into the State Bureau of Workers' Compensation. Private insurance companies are not permitted to underwrite workers' compensation insurance in the State of Ohio. Thus, Ohio has a state monopoly on workers' compensation insurance.

Administrative Structure

The Rehabilitation Division of the Ohio Industrial Commission is its newest component, and is directly accountable to the governor's office. The Industrial Commission also houses a Division of Safety and Hygiene which emphasizes accident prevention, and a Medical and Legal Division which adjudicates industrial claims.

The Industrial Commission is managed by five commissioners including one individual who is designated as the chairperson. Each division within the Industrial Commission has a director who reports directly to the commissioners. The Rehabilitation Division also has a Labor-Management-Government Advisory Board which meets periodically and provides input to the director. The advisory board is considered essential in keeping the division responsive to the collective needs of labor, management and government. The Rehabilitation Division itself consists of three entities (central administration, field services, and two rehabilitation centers) which are responsible for the delivery of services to injured workers throughout Ohio.

The Delivery of Rehabilitation Services

Eight years after passage of House Bill 138, the field services unit consists of an extensive array of five regional and seven district offices located strategically throughout the state. These offices are responsible for the overall management of cases, and are staffed by rehabilitation nurses and rehabilitation counselors who work together in pairs called Disability Prevention Teams (DPTs). The DPTs function as

case managers and coordinate the provision of VR services to injured workers throughout the state.

The rehabilitation nurse focuses on medical management and works closely with the claimant's physician of record. The nurse coordinates any type of physical restoration services as well as the scheduling of exams by medical specialists. The rehabilitation counselor addresses the vocational needs of the claimant and works closely with the employer, union representative and attorney. The rehabilitation counselor is responsible for conducting an on-site job analysis, a function which is of course fundamental to industrial rehabilitation. Job analysis data are utilized in all aspects of the rehabilitation planning process, and are essential in assessing the physical capacities of the individual. This information is used to generate employment alternatives, and in evaluating the injured worker's transferable skills.

Field offices are staffed with support personnel such as job placement specialists, and psychological and medical consultants. These consultants and specialists are used to augment and support the services provided by the DPTS. The DPTs are responsible for designing a rehabilitation plan for an injured worker at one of the following levels of placement:

1. Original Job with Original Employer,
2. Modifications of Original Job with Original Employer,
3. Job in a Related Industry or Business,
4. Different Job with Different Employer, or
5. Consideration for Vocational Retraining.

Services which can be included in the rehabilitation plan are the following: 1) employer incentives - the Rehabilitation Division can subsidize a worker's wages for a specified (negotiated) period of time as workers gradually readjust to their full work load; 2) living maintenance - any individual who actively participates in a rehabilitation plan can receive living maintenance payments equal to (or sometimes greater than) the amount they would be paid on temporary total compensation. Living maintenance payments are paid by the Industrial Commission and not by the employer; 3) treatment of unrelated conditions - the Rehabilitation Division can pay for treatment of conditions which are not part of the compensable claim if such conditions are viewed as a barrier to the individual's reemployment; 4) handicap law coverage - any injured worker who completes a rehabilitation plan sponsored by the Division is covered under Ohio's Handicap Law (second injury law). As such, an employer who hires a client of the Division can, in most cases, request reimbursement for the cost of a new claim if it is related to the previous injury; 5) job modification - the Rehabilitation Division can reimburse an employer for the costs of job modifications required to employ a disabled worker; 6) physical and psychological restoration - the Division can pay for physical restoration services (e.g., PT, OT., work hardening, prosthetics, etc.) as well as psychological services (e.g., psychotherapy, pain and stress management, etc.) if indicated and justified; 7) job placement services - the field offices offer job seeking skills training, operate job clubs, and employ job placement specialists to supervise the injured worker's job search; 8) on-the-job

training - the Division can sponsor on-the-job training programs by subsidizing a percentage of the worker's wages during the training period; 9) vocational training - if other job placement strategies are not feasible, the Division can pay for retraining the injured worker for another type of occupation.

The Rehabilitation Centers

With the passage of House Bill 138 the Industrial Commission was authorized to construct two comprehensive rehabilitation centers for injured workers. One of these facilities is currently under construction in Cleveland, near the campus of Case Western University and is scheduled to open later this year. The other facility, the J. Leonard Camera Industrial Rehabilitation Center in Columbus, is fully operational. These centers are designed exclusively to serve disabled workers in two central locations (one for the lower half of the state, and the other for the top half). The DPTs refer their cases to either center for comprehensive, coordinated services.

The J. Leonard Camera Center (JLCC)

The J. Leonard Camera Center (JLCC) began providing services to injured workers in April 1984. The JLCC is a state of the art rehabilitation facility which costs approximately 50 million dollars to construct. It is located on the west campus of Ohio State University and enjoys many of the benefits of being associated with the major land grant institution of higher learning in the State of Ohio.

The Center offers comprehensive services of a multidisciplinary nature for injured workers who need specialized treatment in order to return to work. The Center has a capacity to serve approximately 250 injured workers per day. It also has a residency hall to house 120 claimants while they participate in treatment programs. The treatment programs at the Camera Center fall into two broad categories: Health Services and Vocational Services.

Health Services. Health services consists of the following disciplines: physicians, nurses, dieticians, psychologists, physical therapists, and activity therapists. The primary goal of the health services unit is physical and psychological restoration resulting in an individual's adjustment to their disability. Individuals who suffer from chronic pain are provided with a variety of interdisciplinary services including pain management, medication reduction, psychological counseling, physical reactivation, biofeedback, and weight loss (if required).

Vocational Services. The Camera Center also offers comprehensive vocational services consisting of vocational evaluation, career counseling, and work simulation. The vocational services unit is perhaps the most unique feature of the Camera Center, and sets this facility apart from many of the traditional in-hospital programs and workshops.

The vocational evaluation section is designed to assess an injured worker's aptitudes, interests, and behaviors as they relate to various occupations. The vocational evaluation process helps in the identification of alternative vocational objectives for the worker who

has to make a job change. Vocational evaluators at the Camera Center have available to them a variety of commercial work samples including Valpar, Singer, Prep, Choice, JEVS, and McCarron-Dial.

The career counseling component focuses on facilitating and augmenting the process of vocational evaluation. It gives the individual an opportunity to participate actively in the integration of vocational assessment data, and provides a pragmatic safeguard to a purely trait-factor approach to vocational readjustment. Career development at the Camera Center is not viewed solely in terms of objective data but takes into account an individual's affective and emotional dimensions. Therefore, individuals participate in value clarification exercises, decisionmaking skills training, and group counseling sessions in order to deal effectively with the dynamic aspects of vocational exploration and career maturity.

The career counseling component also utilizes computerized career guidance and information systems. The Discover software created by the American College Testing Company is used because it is designed specifically for adults facing transition. The focus of the Discover system is to help individuals draw on their past life experiences in order to reassess their current life situation and plan a course of action for the future. The Discover system is complemented by two computerized occupational information systems, the Ohio Career Information System (OCIS) and Ability Information System (AIS). Both the OCIS and AIS provide information regarding wages, working conditions, job requirements, labor market outlooks, and job descriptions on a variety of occupations. A lack of occupational

knowledge can often be a serious obstacle to an injured worker's reemployment.

The work simulation area is contained in a separate, adjoining building having approximately 40,000 square feet of space. It contains a variety of real industrial machinery and equipment, rather than relying solely on work capacity evaluation devices. Work simulation represents an excellent opportunity for the integration of the medical and vocational aspects of industrial rehabilitation. In work simulation, a variety of occupations are simulated to assess the factors of physical capacity and work adjustment. Some of the jobs which have been simulated through the use of real industrial equipment include truck driving, materials handling, industrial maintenance, food processing, assembly, welding, auto repair, electronics, and the construction trades.

The work simulation program is also utilized as a work adjustment tool because skills and behaviors appropriate for work are assessed. From a vocational perspective, work simulation provides the injured worker with a realistic opportunity to perform jobs identified in the vocational evaluation process. Thus, a behavioral component is added to the vocational exploration process through the use of simulated work. Work simulation facilitates the reconstruction of the individual's work personality which can rapidly deteriorate after a lengthy period of compensated disability.

Statistical Aspects of the Rehabilitation Division

During 1986, the Rehabilitation Division received 10,251 referrals from various sources: self-referrals (23.2%), actuarial companies (13.7%), employers (12.2%), physicians (15.3%), the Bureau of Workers' Compensation (6.5%), attorneys (9.4%) and others (21%). In the same year, the Division rehabilitated 1,347 injured workers with the majority of them (52%) being returned to the same job-same employer. Based upon the total costs of the Rehabilitation Division, approximately \$9,000 is spent on each injured worker who is returned to work. Statistics indicate a 14% increase in return to work from the previous year (Rehabilitation Division Annual report, 1986).

Conclusion

The State of Ohio has made a significant financial investment in the rehabilitation of injured workers through the creation of a Rehabilitation Division operated by its Industrial Commission. In other States, injured workers receive rehabilitation services primarily from private-for-profit rehabilitation firms. Thus, Ohio is rather unique in their creation of a separate public agency to provide rehabilitation services solely for injured workers. As the Ohio rehabilitation program continues to grow and develop, its financial and rehabilitative effectiveness will need to be assessed so as to answer the ultimate question: Which system, public or private, is more effective and efficient on rehabilitating America's injured workers?

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